2021 Utilization Management Addendum to the Radiology/CardiologyGuidelines Effective 8/1/2021

The following information reflects the criteria that will be used for prior authorization review, as well as claims payment review, effective 8/1/2021. This criteria will be incorporated into the future Radiology/Cardiology Imaging Guidelines, and those guidelines will take place of this addendum as they become effective.

Section	Policy/Criteria
ONC-1.0: General Guidelines ONC-1.4: PET Imaging in Oncology	***This section is updated to include new radiotracers ^{64}Cu-DOTATATE (DETECTNET®) and ^{68}Ga-DOTA-TOC when PET/CT is indicated for low grade neuroendocrine tumors as follows:*** ➤ The specific radiotracer planned to be used with PET/CT imaging is required to perform a medical necessity review. Indications for PET/CT imaging using non-FDG radiotracers are listed in diagnosis-specific guidelines. ◆ Covered radiotracers: ▪ ^{18}F-FDG ▪ ^{68}Gallium DOTATATE (NETSPOT®) for low grade neuroendocrine tumors and medullary thyroid cancer ▪ ^{64}Cu-DOTATATE (DETECTNET®) for low grade neuroendocrine tumors ▪ ^{68}Ga-DOTA-TOC for low grade neuroendocrine tumors ▪ ^{11}C-Choline for prostate cancer ▪ ^{18}F-Fluciclovine (AXUMIN®) for prostate cancer ▪ ^{18}F-Na Fluoride PET bone scan ◆ Not covered radiotracers: ▪ ^{68}Ga PSMA-11 ▪ ^{18}F Fluoroestradiol ▪ PET/CT imaging using isotopes other than those specified above
PEDONC-1.4: PET Imaging in Pediatric Oncology	***This section is updated to include new radiotracer ^{68}Ga-DOTA-TOC as follows:*** ➤ PET imaging using isotopes other than ^{18}F-FDG, ^{68}Ga-DOTATATE, or ^{68}Ga-DOTATOC is considered investigational at this time.

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Section	Policy/Criteria
ONC-15.2: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Suspected/Diagnosis ONC-15.3: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Initial Work-up/Staging ONC-15.4: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Restaging/Recurrence ONC-15.6: Bronchopulmonary or Thymic Carcinoid – Initial Staging ONC-15.7: Bronchopulmonary or Thymic Carcinoid – Restaging/Recurrence ONC-15.10: Adrenal Tumors – Initial Work-up/Staging ONC-15.11: Adrenal Tumors – Restaging/Recurrence	***These sections are updated to include new radiotracers ^{64}Cu-DOTATATE (DETECTNET®) and ^{68}Ga-DOTA-TOC when PET/CT is indicated (following inconclusive CT or MRI scans) as follows:*** ◆ PET/CT scan (CPT® 78815) with any one of the following SSR radiotracers: ▪ ^{68}Ga-DOTATATE ▪ ^{68}Ga-DOTATOC ▪ ^{64}Cu-DOTATATE
ONC-32.2: Medicare Coverage Policies for PET - Oncologic Non-FDG PET	➤ This section is updated to include new radiotracer ^{64}Cu-DOTATATE (DETECTNET®) for the same indications as ^{68}Ga-DOTATATE

Reference

Benson III AB, D ’Angelica MI, Abbott DE, et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 1.2021 – April 14, 2021. Neuroendocrine tumors, available at: https://www.nccn.org/professionals/physician_gls/pdf/neuroendocrine.pdf Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Neuroendocrine tumors V1.2021 – April 14, 2021. ©2021 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™, go online to NCCN.org.

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Section	Policy/Criteria
PEDONC-7.2: Unilateral Wilms Tumor (UWT)	***This section is updated to clarify the timeframes of surveillance imaging as follows:*** ➤ Very low risk FHWT treated with nephrectomy only: ◆ At months 3, 6, 12, and 18 months after nephrectomy: ▪ CT Chest with contrast (CPT® 71260) or without contrast (CPT® 71250), or CXR and ▪ CT Abdomen and Pelvis with contrast (CPT® 74177) or Abdominal US (CPT® 76700 and 76506) ◆ At months 9, 15, 21 after nephrectomy: ▪ Abdominal Ultrasound (CPT® 76700 and 76506) and ▪ CXR ◆ Every 3 months, from month 24 to month 30 after nephrectomy: ▪ Abdominal Ultrasound (CPT® 76700) and ▪ CXR ◆ After month 30, every 6 months up to 5 years off therapy: ▪ Abdominal Ultrasound (CPT® 76700) ➤ FHWT treated with chemotherapy with or without XRT: ◆ At months 6, 12, 18, 24, 30, and 36 months after completion of all therapy: ▪ CT Chest with contrast (CPT® 71260) or without contrast (CPT® 71250), or CXR and ▪ CT Abdomen with contrast (CPT® 74177), MRI Abdomen without and with contrast (CPT® 74183), or Abdominal US (CPT® 76700) ◆ At months 3, 9, 15, 21, 27, and 33 after completion of all therapy: ▪ Abdominal Ultrasound (CPT® 76700) and ▪ CXR ◆ After month 36, every 6 months up 5 years off therapy: ▪ Abdominal Ultrasound (CPT® 76700) ◆ Pelvic imaging is not indicated for surveillance unless prior pelvic involvement has been documented or there was tumor rupture at diagnosis ➤ FAWT or DAWT treated with chemotherapy with or without XRT: ◆ At months 3, 6, 9, 12, 15, 18, 21, and 24 after completion of all therapy: ▪ CT Chest with (CPT® 71260) *or* without contrast (CPT® 71250) and ▪ CT Abdomen and Pelvis with contrast (CPT® 74177), MRI Abdomen and Pelvis without and with contrast (CPT® 74183 and CPT® 72197), or Abdominal US (CPT® 76700) ◆ Every 3 months, from months 27 through 60: Abdominal US and CXR ➤ Recurrent Unilateral Wilms Tumor: ◆ At months 3, 6, 9, and 12 after completing therapy for recurrence: ▪ CT of the Chest/Abdomen/Pelvis (CPT® 71260 and CPT® 74177) ◆ Surveillance imaging later than 12 months after completing therapy for recurrence should follow the standard timing listed in this surveillance section.

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PEDONC-7.3: Bilateral Wilms Tumor (BWT)	***This section is updated to clarify the timeframes of surveillance imaging as follows:*** ➢ At months 6, 12, 18, 24, 30, and 36 after completion of all therapy: ◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) ➢ At months 3, 6, 12, 18, 24, 30, and 36 after completion of all therapy: ◆ CT Abdomen with contrast (CPT® 74160), MRI Abdomen without and with contrast (CPT® 74183), or Abdominal US (CPT® 76700) ➢ At months 9, 15, 21, 27, 33, 39, 42, 45, 48, 51, 54, 57, and 60 after completion of all therapy: ◆ Abdominal US (CPT® 76700) ➢ Pelvic imaging is not indicated for surveillance unless prior pelvic involvement has been documented or there was tumor rupture at diagnosis ➢ Surveillance imaging after month 36: ◆ Abdominal US (CPT® 76700) every 3 months until age 8 ◆ CXR ➢ Surveillance imaging with CT of the Chest/Abdomen/Pelvis (CPT® 71260 and CPT® 74177) following successful treatment for recurrent bilateral Wilms tumor can be approved every 3 months for 1 year after completing therapy for recurrence. ◆ Surveillance imaging later than 12 months after completing therapy for recurrence should follow the standard timing listed in this surveillance section.

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